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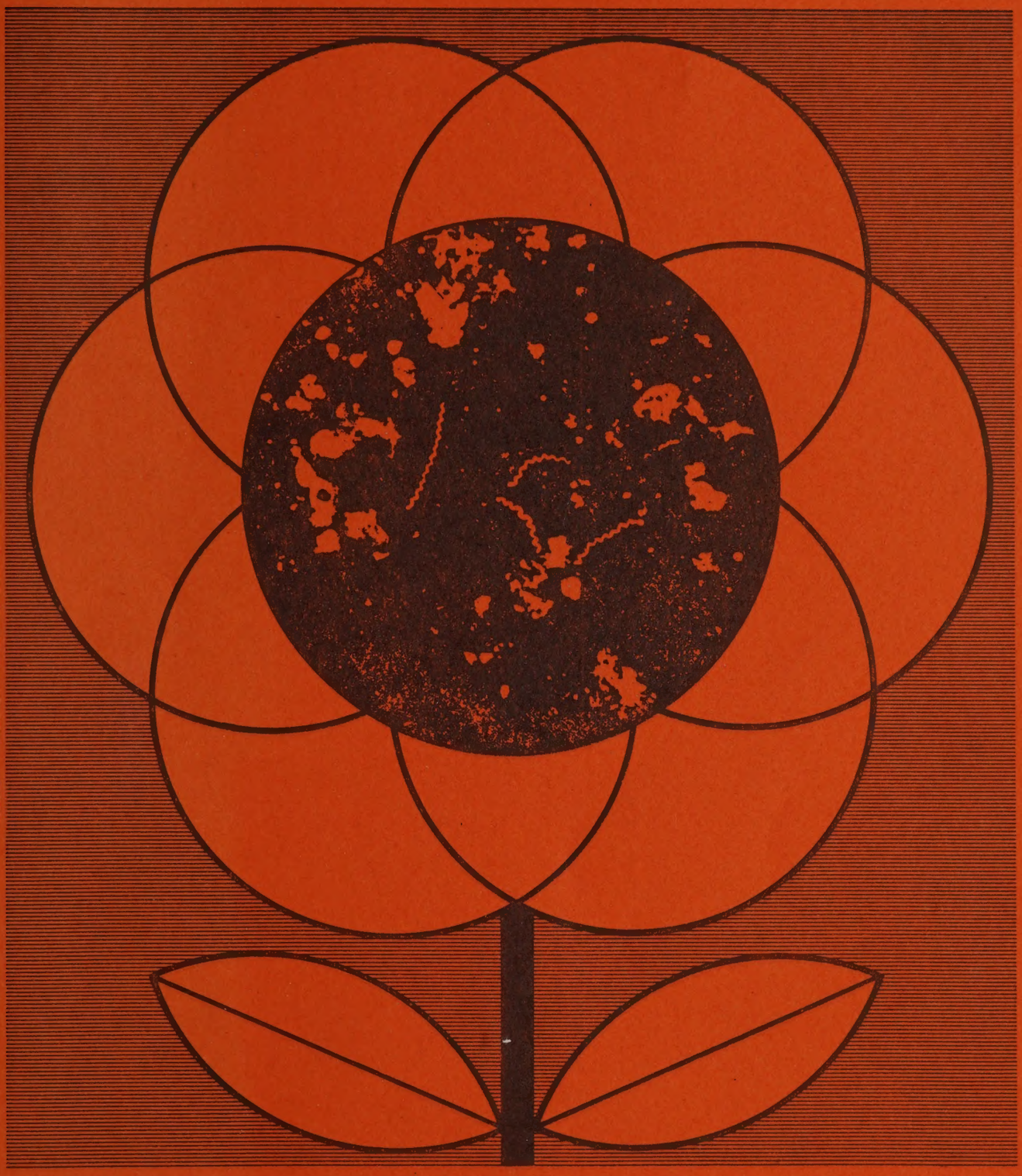
SPECIAL TREATMENT CLINIC
A DESIGN GUIDE



T. pallidum seen by dark-ground illumination method.(*Magnification* × 1000.)

DEPARTMENT OF HEALTH AND SOCIAL SECURITY
SEPTEMBER 1974

SPECIAL TREATMENT CLINIC
A DESIGN GUIDE

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DEPARTMENT OF HEALTH AND SOCIAL SECURITY

SEPTEMBER 1974

I. Scope

1. This document gives guidance on the planning of special clinics as part of the out-patient departments of district general hospitals which are required to provide a service throughout the week for the treatment of sexually-transmitted diseases and so must have accommodation for their exclusive use.

II. General considerations

PHILOSOPHY OF SERVICE

2. In the international field, the United Kingdom is unique in having a comprehensive hospital clinic service for the confidential treatment of sexually-transmitted diseases, staffed by doctors specialising in the subject, and free of any charges to patients. At present there are about 184 special clinics in England; some open every week-day but many operate only once or twice a week on a sessional basis in shared premises.

SCALE OF SUGGESTED PROVISION

3. For accommodation to be made available exclusively for the treatment of sexually-transmitted diseases the clinic would need to be open for at least 10 sessions a week of not less than 3 hours a session. To justify a clinic being open for 10 sessions it would need to deal with at least 2,000 new cases a year. From figures given in the chapter on sexually-transmitted diseases in the Chief Medical Officer's Annual Report for 1972 it can be calculated that on average in England approximately 680 new cases a year of all kinds per 100,000 population can be expected to present themselves at special clinics but there is considerable variation between areas. Thus on the average a population of at least 300,000 would be required to justify the establishment of a whole-time clinic but smaller populations, especially in areas where the incidence of sexually-transmitted diseases may be high, may generate the appropriate case load.

4. These considerations suggest that the needs of most health areas could best be met by providing, at one or more selected district general hospitals, whole-time special clinics, fully equipped and staffed with doctors, nurses and technicians.From these staff can visit outlying

hospitals, when necessary, to conduct regular part-time clinics, making use of the ordinary out-patient facilities provided there, but with appropriate confidential filing arrangements.

TEACHING FACILITIES

5. If it has been agreed that the teaching of undergraduate medical students will take place in the clinic and additional space is required for this purpose then reference should be made to the document "Teaching Hospital Space Requirements" and the number of doctor sessions for the special treatment clinic should be included in the aggregate number of out-patient doctor sessions which determines the extent of the total seminar room provision. Appropriate use of the total seminar room provision for out-patients may be made according to the policy adopted for teaching needs in the area (see also paragraphs 28 and 41).

III. General planning principles

FUNCTIONS OF A SPECIAL TREATMENT CLINIC

6. The primary function of a special treatment clinic is to provide facilities, readily available in circumstances of privacy and confidence, to out-patients of both sexes for the definitive diagnosis and immediate treatment of sexually-transmitted diseases and for the speedy identification and tracing of sources of infection and infected contacts.

7. Whole-time clinics have also important secondary responsibilities in regard to staff training, health education, psycho-sexual counselling and research.

RELATIONSHIP TO OTHER DEPARTMENTS

8. A special treatment clinic should be planned as an integral part of the out-patient department. Admission to hospital is occasionally necessary, but no regular allocation of beds is required, apart from what is contained in the acute bed provision.*

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* The footnote to paragraph 11 of "A Hospital Plan for England and Wales" (Command 1604) states that "acute" bed provision includes beds for venereal diseases.

9. Patients attending these clinics often do so with some reluctance and it is essential that the department should be sited and signposted so as to permit attendance as discreetly as possible. Whilst its approach should be through the main out-patient concourse of the hospital it should, however, have its own entrance lobby. A close relationship with the out-patient department will also provide administrative and clinical advantages. However there may be some situations where ground floor space is unavailable and in this circumstance, consideration could be given to providing the accommodation at first floor level above and connected by staircase to the out-patient department. This possibility arises from the fact that almost all patients visiting the clinic will be ambulant.

IV. Organisation

GENERAL

10. Unlike most out-patient clinics, special clinics often operate evening sessions. Most new patients are seen without appointment and as a result workflow may fluctuate widely. Most patients come unaccompanied. Workflow diagrams are given in Appendices 1 and 2.

11. The time required for the examination and treatment of a patient depends upon the sex of the patient, and upon whether he/she is a new or return case. Up to 30 minutes should be allowed for each new female patient, up to 20 minutes for each new male patient, and an average of 10 minutes for a return case of either sex. Ratios of 1.75 males to 1 female, and 1 new to 3 return cases may be assumed at the present time.

HANDLING OF PATIENTS

12. The procedures for handling patients vary from clinic to clinic and paragraphs 13-18 describe those which are commonly followed.

New patients - all cases

13. Having entered the main clinic reception area (which may be shared or divided into separate male and female sections), all patients report to a reception counter. They are registered, given a numbered card and then go to the appropriate waiting space prior to examination by a doctor; the case notes folder which could include laboratory or other record cards is taken

to one of the consulting rooms by the clerk. In due course the patients are called and directed to the appropriate consulting room where they are interviewed by the doctor and have their histories taken, including details of their sexual contacts. They then pass through into an adjoining examination room.

New patients - males

14. Having undressed, a male patient is given a local genital and a general physical examination either on a couch or standing upright in front of the doctor. Specimens of the discharge are taken with a loop and prepared for culture and microscopic examination and a specimen of blood is taken for serology. The patient is then asked to pass urine into two glasses, and these along with the specimens for microscopy are taken by the nurse to an adjacent laboratory area and immediately examined and the results entered on the laboratory record cards.

15. Meanwhile the doctor returns to the consulting room to interview the next patient and to examine him in a second examination room. Having done so he returns to the first patient who has now dressed, checks the results of the microscopic examinations, and gives appropriate treatment and advice. He then completes the patient's case notes, tells him when to return for examination and refers him to the social health worker responsible for contact tracing. When necessary the patient will also be referred to a Social Worker.

16. After interview by the social health worker responsible for contact tracing, the patient returns to the reception desk to make an appointment for his return visit, and then leaves the clinic.

New patients - females

17. The female patient undresses and, with the help of a nurse, is placed in the lithotomy position on a couch or special table. An external and internal pelvic examination is made and specimens of the discharge are taken for culture and microscopic examination. A general physical examination is then carried out. The patient then dresses, a specimen of blood is taken for serology, and she is directed to a w.c. (test) to produce a specimen of urine. She returns to the examination room and the various specimens are taken by the nurse to the laboratory area for examination. Meanwhile, as for males, the doctor interviews a second patient. When the

results are available, the doctor returns, checks them, gives appropriate treatment and advice, tells patient when to return for examination and sends her on to the social health worker responsible for contact tracing. She then returns to the reception desk to make an appointment for her return visit before leaving the clinic. When necessary the patient will also be referred to a Social Worker.

Return patients

18. Those return patients of both sexes who are required to see the doctor follow the same procedure as new patients. Those requiring treatment only will be directed into a vacant examination room or to a separate treatment cubicle and given the required treatment by a nurse.

V. Layout and content of the department

LAYOUT OF THE DEPARTMENT

19. The accommodation should be arranged to allow male and female patients to follow separate flow lines through consulting, examination and treatment areas. Staff, however, should be able to move freely throughout the clinic. This principle is illustrated in Figure 1; the double corridor arrangement that is necessary results in a substantial amount of shared internal accommodation which will require artificial lighting and ventilation unless of course the department is on the top floor where rooflights are possible.

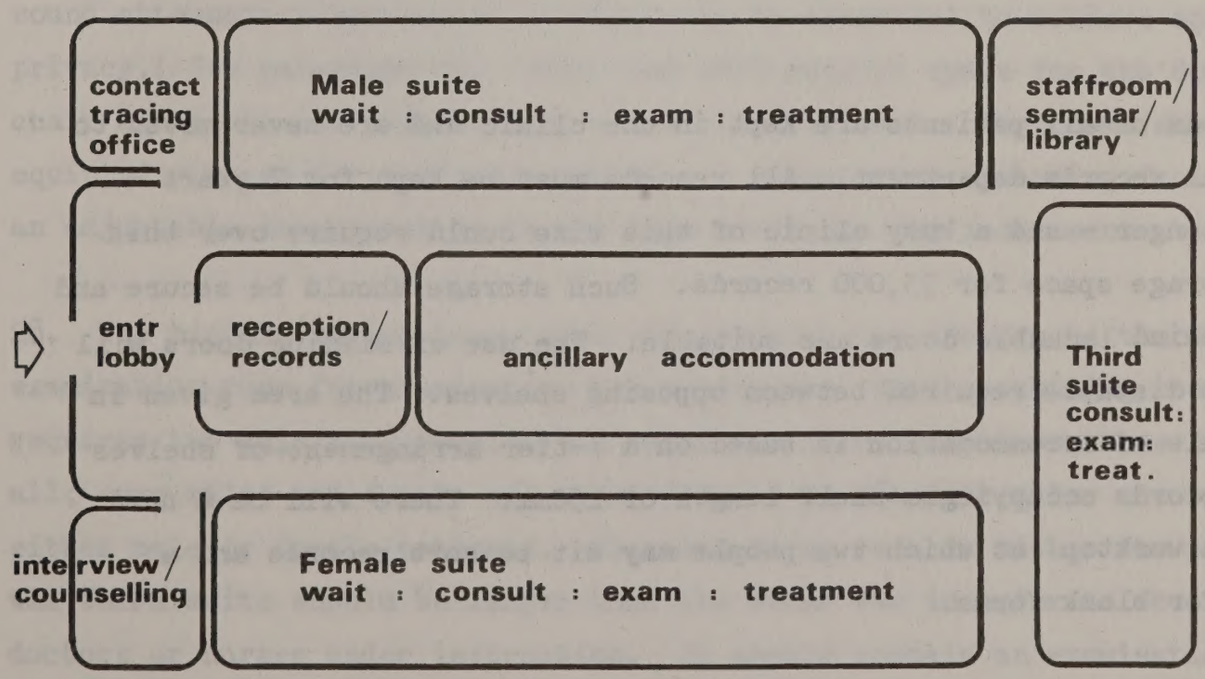

Figure 1

CONTENT OF THE DEPARTMENT

20. A suggested schedule of spaces and accommodation with areas is given in Appendix 3. Details of the accommodation listed in the schedule are given in the following paragraphs.

Entrance lobby

21. This should lead directly to the reception counters, male and female waiting areas, the contact tracing office and the interview/counselling room. A divided area with separate entrances for each sex may be required but there is a trend for shared accommodation. A shared space can be used as a waiting space for couples who arrive together to be reunited after either or both have been seen by the doctor and for a patient of either sex waiting to see the contact tracer (social health worker) or social worker. In some cases it may be appropriate to provide parking space for prams in this lobby in addition to any similar space adjacent to the entrance to the main out-patient department.

Reception/Records

22. The reception counters should be in a prominent position adjoining the entrance lobby. Registration of new patients is a short procedure consisting of the recording of name, address, place of birth, age, occupation and marital status. It is essential that this information can be given in privacy particularly when the entrance lobby and reception counter are shared and the design of the area should effectively provide such privacy of conversation while maintaining visual supervision over the entrance.

23. Records of all patients are kept in the clinic and are never moved to the central records department. All records must be kept for 7 years - some for longer - and a busy clinic of this size could require over this period storage space for 35,000 records. Such storage should be secure and shelves behind lockable doors are suitable. The use of sliding doors will reduce the distance required between opposing shelves. The area given in the schedule of accommodation is based on a 7-tier arrangement of shelves with 50 records occupying a shelf length of 150mm. There will be a need also for a worktop at which two people may sit to sort records and a cupboard for blank forms.

24. This is an area occupied continually by staff and where the work is routine. It is important therefore that some contact with the outside environment is maintained and wherever possible a view through an exterior window should be provided. The clinic should have its own separate telephone number with extensions to the various consulting and other rooms in addition to the usual provision of telephones connected to the hospital switchboard. Incoming calls by-passing the hospital switchboard should be received in this area.

General office

25. An office is needed for general secretarial and clerical work. It is sometimes combined with the reception/records area but a separate room on an exterior wall is recommended because of the different nature of the work and the essential need for direct natural light and a view. It should however be closely related to the reception/records area and it would best be sited on the female side of the clinic.

Waiting areas

26. Following registration both new and return patients will be referred to separate male and female areas to await either consultation or treatment. Naturally-lit vestibules placed as close as possible to consulting rooms are preferred to waiting spaces along internal corridors.

Consulting rooms

27. Interviews and history taking will be undertaken here and adequate sound attenuation between adjoining rooms is essential to achieve speech privacy.(See paragraph 48) Each room will require space for the doctor's chair and desk, two other chairs and a coat cupboard. The rooms should be equipped with an X-ray viewer, telephone, surgeon's handwashing facilities, an adjustable inspection light and some provision for instrument storage.

28. The history having been taken the patient goes through to the adjoining examination room for examination and treatment. Each consulting room requires two adjoining examination rooms and there should be three suites in all; one male, one female and a third suite so sited to allow use by either male or female patients. The consulting room in either the male or the third suite should be larger than the other two in order to accommodate doctors or nurses under instruction. It should contain an examination

couch within a curtained area. Training on the female side may be carried out in the examination/treatment rooms which need to be larger than those on the male side.

Examination/treatment rooms

29. These rooms provide facilities for patients to be examined and specimens to be taken under conditions of privacy. Each should include a curtained changing space with seat, clothes hook and mirror. The room should be large enough to contain a couch, adjustable examination light, handwashing facilities, wall-mounted sphygmomanometer, worktop and the use of a treatment trolley. It is essential that a patient lying on the couch cannot be exposed to view from outside when the door to the corridor is opened. There should be an indicator in the corridor to show whether the room is in use or vacant. One of the treatment rooms in the third suite may be equipped for carrying out minor surgical procedures such as the treatment of warts.

30. On the female side of the clinic the nurse will assist the patient into a lithotomy position on the couch which should therefore have ample space on either side of it. Specimens taken from the patient during examination will be removed to the laboratory for slide preparation and microscopy or other procedures. As mentioned in paragraph 28, the room size should permit additional staff under training to be accommodated.

31. On the male side the patient will be examined either standing, sitting or lying and the couch may be placed against the wall. Each space should include a urinal or other fitting suitable for the collection of urine samples. Although it is important to maintain speech privacy it is possible on this side of the clinic for the examination spaces to be cubicles (rather than rooms) which have full height dividing walls, with doors to the corridor only and linked with the routine injection area by an intercommunicating staff working area which can be shared by each, containing all the facilities for treatment and some of those for specimen preparation and examination. Figure 2 shows a suitable arrangement. A sink in the treatment bench should be provided with elbow-operated taps for the dual function of disposal and staff handwashing. Specimens for refrigeration or incubation will however be taken to the shared laboratory.

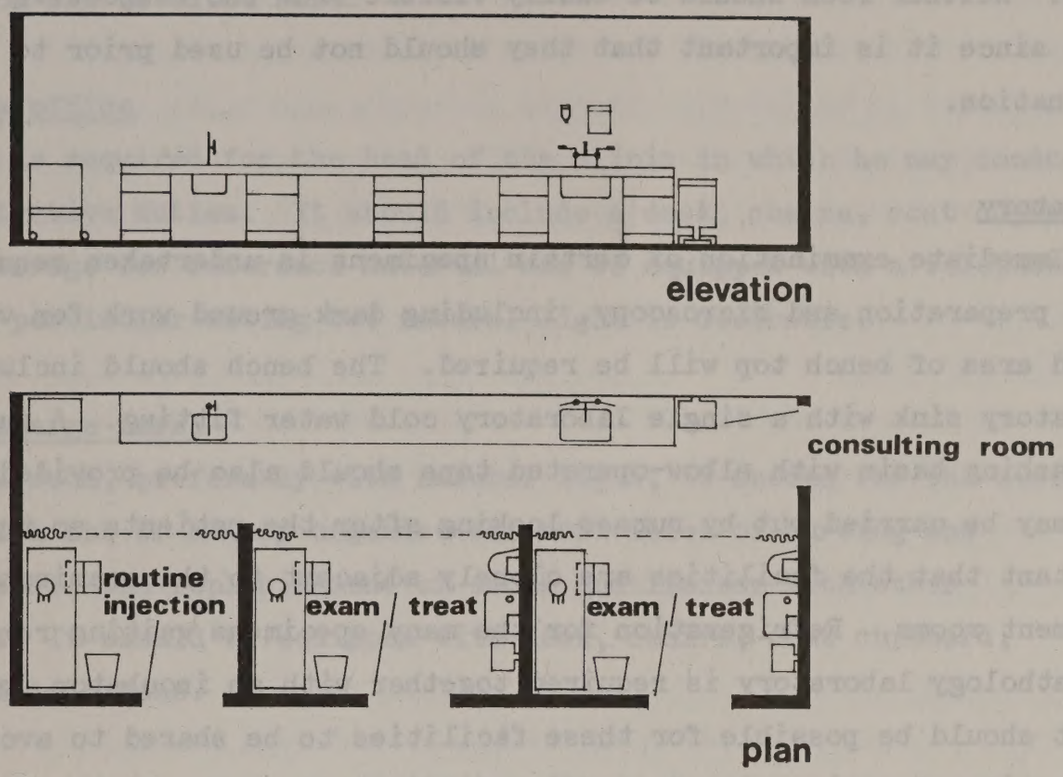

Figure 2

Routine injection rooms

32. One room on both male and female sides of the clinic is required for patients returning by appointment for treatment. A couch will be needed for giving injections and for the patient's subsequent recovery. Blood samples will also be taken and for this a patient is seated with arm outstretched over either a small table or hinged flap. The room may be used for other procedures also and a sink with elbow-operated taps will be required for the dual functions of disposal and handwashing. A lockable medicine cupboard and syringe rack will normally be needed and there should be sufficient space for the use of a treatment trolley. Good adjustable lighting will be required.

Patients' lavatories

33. There will be a need to collect urine specimens for testing from most new patients. Two WC's will be required, one for the use of each sex and adequate space should be provided for a nurse who may be required to assist some patients. A hatchway to the dirty utility room with specimen shelf on the WC side of the opening is required. The placing of the female room is important as the patient is likely to be asked to pass urine during the

examination; it must therefore be close to the examination/treatment rooms. Neither room should be easily visible from the respective waiting areas since it is important that they should not be used prior to examination.

Laboratory

34. Immediate examination of certain specimens is undertaken requiring slide preparation and microscopy, including dark ground work for which a hooded area of bench top will be required. The bench should include a laboratory sink with a single laboratory cold water fitting. A separate handwashing basin with elbow-operated taps should also be provided. The work may be carried out by nurses looking after the patients so that it is important that the facilities are closely adjacent to the examination/ treatment rooms. Refrigeration for the many specimens waiting removal to the pathology laboratory is required together with an incubator for plates and it should be possible for these facilities to be shared to avoid duplication of equipment and staffing difficulties. The size and layout of the room should enable at least four people to use the room when training is being given.

Dirty utility room

35. This room provides facilities for the temporary storage of items awaiting collection for sterilisation in a central department and for bagged items for disposal. Cleaning of instruments which are to be sterilised within the clinic and urine testing will be carried out here. A stainless steel sink and drainer will be required for the dual functions of cleaning and hand washing. Access via hatches is required to the patients' WC's and the room should be accessible from both sides of the clinic.

Clean utility room

36. This room provides facilities for the storage of all clean and sterile materials and equipment received in the clinic, including linen. The preparation of all trolleys and trays and any necessary sterilising of small instruments is carried out here. The storage and preparation of medicines and drugs will also be undertaken unless the local hospital policy is that patients will go to the main dispensary, but this will not normally be possible at evening clinics. A bench-mounted sink with hot and cold water supplies will be required. The room should be accessible from

both sides of the clinic. Emergency equipment for cardiac resuscitation can be sited here.

Consultant's office

37. A room is required for the head of the clinic in which he may conduct his administrative duties. It should include a desk, chairs, coat cupboard, pinboard, storage for reference material and be equipped with a telephone. It needs no particular siting but natural light is desirable.

Office for charge nurse

38. A small room, preferably with natural light, is needed for the senior nurse in which she or he may organise the activities of nursing and technical staff, the replenishment of stock and liaison with other departments. It should be equipped with desk, chairs, coat cupboard, pinboard and telephone.

Contact tracing office

39. A sufficiently sound-attenuated room is required in which both male and female patients may give information about their sexual contacts in conditions of privacy. (See paragraph 48.) The room should be naturally lit and sited immediately adjacent to the entrance lobby so that patients of either sex can see it before leaving the clinic. In addition to a desk and chairs it will require a telephone, storage for records and a coat cupboard.

Interview/Counselling room

40. Each special treatment clinic must be able to refer patients requiring social support to an appropriate social worker and at an early planning stage the way in which this support will be available to the special treatment clinic should be discussed with the local director of social services. Ideally this social support should be provided within the clinic itself in an appropriate interview/counselling room. Any such accommodation should be situated near to that of the contact tracer (social health worker) with whom the social worker will have a close working relationship. The design and fitting out of this room should be similar to those for the contact tracing office.

Staff room/seminar room/library

41. Many staff will require training and a room should therefore be provided for short lectures for which a chalkboard and projection equipment may be needed in addition to shelves for reference books. The room should also be capable of being used for staff conferences. To cater for these and for staff working late there may be a need for the minimum provision for beverage making and the preparation of snacks with appropriate washing-up facilities.

Staff locker rooms

42. It is assumed that staff will normally be able to use the sanitary and changing facilities in the central staff change and out-patient department but separate male and female locker rooms will be required for the safe keeping of personal possessions.

Cleaners' room

43. Local policies will determine whether this room is self-contained or whether it is linked with similar accommodation elsewhere. The area allocated in Appendix 3 assumes that this room will be a subsidiary to the main cleaning room in the out-patient department where major items of floor cleaning equipment will be kept. In this circumstance the room will only need to contain a stainless steel sink and drainer at bench height, floor space for a domestic vacuum cleaner and a cleaners' trolley, shelving for a small amount of cleaning materials, wall hooks for brushes etc. The door should be lockable.

Switch cupboard

44. A cupboard to house electrical distribution switchgear will be needed in a position selected to avoid cable lengths of more than about 30m from switchgear to furthest point served. It should be a minimum of 2.1m wide x 600mm deep with doors or removable panels giving access to their entire width and to a height of 2m. It should be sited in an area such as a corridor where its doors will remain unobstructed and preferably may open back fully during maintenance without themselves causing an obstruction.

VI. Engineering Services

GENERAL

45. The engineering services should be designed and installed to ensure the minimum interruption to services and disturbance to the working of the clinic while repairs and maintenance are being carried out.

46. Facilities should be provided for the installation of meters for the testing and checking of services when required.

47. The problems of avoiding noise transmission should be studied at an early stage and should include the design of the plumbing, drainage and mechanical engineering services together with any associated plant rooms.

48. There is a need to ensure privacy of conversation in consulting rooms, examination/treatment rooms, the contact tracing office and the interview/counselling room. Particular care must therefore be taken as to the way in which any mechanical or electrical service is provided to such areas so that the integrity of the sound-attenuating enclosures (walls and ceilings) is not disrupted to an unacceptable extent. Common sources of failure include gaps around pipework passing through walls, ceiling-mounted air diffusers in adjacent rooms attached to shared ducting, and the incorporation within a wall of back-to-back electrical service boxes.

49. The need for adequate fire protection should be taken into consideration at the design stage and reference made to Hospital Design Note No 2 - Protection against Fire and Hospital Technical Memorandum No 16 - Fire Precautions. Advice on the fire fighting installations proposed should be sought from the Chief Officer of the local fire authority. Information on fire alarms and extinguishers is given in British Standard Codes of Practice 327:404 and 3 (IV).

MECHANICAL SERVICES

Heating

50. The space heating system should be designed for operation at a reduced level at night and generally at week-ends (with the possible exception of Saturday mornings) when the clinic is unoccupied. The system should have sufficient capacity and be of a suitable design for the normal internal air temperatures to be reached in about three hours.

51. Space heating requirements should be calculated on the following recommended design temperatures and ventilation rates based on an outside air temperature of -1°C

Accommodation	Temperature	Air changes per hour
Consulting rooms	21°C	3
Examination/treatment rooms or bays) Routine injection rooms)	21°C	6
Laboratory) Entrance lobby, waiting) areas and corridors)	18°C	3
Clean utility room) Reception/records office) Staff/seminar room/library) Offices)	18°C	2
Staff locker rooms, cleaners' room) and dirty utility room)	16°C	2
Patients' lavatories	18°C	2 (10 for internal lavatories with mechanical extract)

52. The above requirements should be met quite adequately by a low temperature hot water heating system with pumped circulation, radiators and thermostatic control. The system should also serve the warm air heaters referred to in paragraph 55.

53. Panel type radiators are recommended and should be mounted with a clear space beneath to facilitate floor cleaning. The radiators should not be sited on walls against which examination couches are likely to be placed.

54. Radiant type electric heaters should be provided above examination couches for use as required. The heater elements must be fitted with suitable guards and the heaters permanently fixed and connected to the electricity supply with pull switch on/off control.

Ventilation

55. Consulting, examination/treatment rooms, the laboratory and deep-planned areas should be provided with balanced mechanical ventilation, the fresh air being filtered and warmed as required before being introduced at high level through suitable diffusers, designed to avoid the creation of draughts and with extraction at low level. See also paragraph 47 with reference to noise and speech transmission.

56. Other perimeter rooms should be naturally ventilated by the provision of high level top opening windows having a "minimum setting" notch or other adjustment to allow air infiltration without draught.

57. Internal lavatories should have mechanical extract ventilation to give 10 air changes per hour. Lavatories on external walls will also need mechanical ventilation to comply with the Building Regulations 1972 in cases where adequate natural ventilation is not obtainable. Mechanical extract to the outside of the building should be provided at low level in the dirty utility room.

58. Where mechanical ventilation is provided the general air movement should be from clean to dirty areas where these can be defined and there should be no re-circulation of air.

59. Ventilation systems should include filters of 95% efficiency down to 5 microns and an additional coarse filter may be required in areas where the air is particularly dirty to reduce the frequency of filter replacement. Filters must be readily accessible for maintenance purposes.

60. External discharges should be carried clear of the building and protected against back pressure from the wind. A slightly pressurised condition should be maintained in rooms which are mechanically ventilated when the doors are closed.

Hot, cold and drinking water services

61. The domestic hot water supply should be preferably taken from the central calorifier installation. Where this supply is not available or practical, a storage calorifier should be provided having a capacity based on meeting the maximum demand for two hours and a heater battery sized on a three hour recovery period.

62. Elbow-action taps having a mixed temperature outlet should be provided for the wash-hand basins in the consulting, examination/treatment and routine injection rooms. Sinks should be provided with pillar taps or taps mounted at a suitable height for the filling of containers. Spray mixing taps are recommended for wash-hand basins en suite with WC's where supply pressures and water conditions are suitable.

63. Drinking water taps and points must be connected direct to the main supply or to protected tanks. Taps should be provided in the staff/ seminar room/library and near medicine cabinets. Press-button fountain-type drinking water points are required in the waiting areas.

64. Cold water and drinking water supply pipes should be insulated where they pass through warm, humid rooms to prevent condensation and in ducts and voids where in close proximity to heated pipes.

Gas (fuel) supply

65. Gas supplies will be required in the examination/treatment rooms and the laboratory. The outlets should be provided on or adjacent to the work benches at working level.

66. One gas outlet point should be provided in each examination/treatment room and a twin outlet in the laboratory. The apparatus should be connected via a safety cock with plug-in connector of the type conforming to British Gas drawing No 2025B (and to BS570) with flexible tubes in accordance with BS669.

Plant room

67. The mechanical ventilation and space heating plant should be accommodated in a plant room having a floor area of 18 m^2.

Incineration

68. A collecting system and disposal in a central incinerator is to be preferred to a local unit.

ELECTRICAL SERVICES

General

69. The electrical installation in the clinic will include wiring and equipment for general and special lighting, socket outlets, emergency

lighting, radiant-type electric heaters, heating and ventilation equipment, telephones and clocks and should comply with the requirements of the current edition of the Regulations for Electrical Equipment of Buildings issued by the Institution of Electrical Engineers.

70. Conduit and cables should be concealed and service ducts provided wherever practicable. External wiring should comprise either PVC insulated cables in galvanised screwed conduit or MICC cables.

71. The supply should be provided by a sub-main circuit from the main intake and distribution centre to a switch room within or adjacent to the clinic. Local switchgear and distribution boards should be centrally placed to minimise the length of circuit wiring and should be in well ventilated positions preferably accessible from corridors. (See paragraph 44). A lock should be fitted to any distribution board not located in a locked switchroom. HRC fuses are recommended for general use and spare ways and fuses should be provided to allow for future extension to the system.

Artificial lighting

72. The recommended illumination values at 0.85m above floor level and limiting glare indices are given in the following table:

Accommodation	Average illumination value-Lux	Limiting glare index
Consulting rooms Examination/treatment rooms or bays Routine injection rooms Laboratory	200	16
Clean utility room Reception/records office Staff/seminar room/library Offices	150	19
Waiting areas Dirty utility room Staff locker rooms Cleaners' room	100	
Entrance lobby, corridors and lavatories	70 (at floor level)	

73. Tungsten filament lighting will be suitable for lights which are used intermittently but fluorescent lighting will be more economical where artificial lighting is required for long periods. It is essential that fluorescent lighting in clinical areas is of a recommended type having suitable colour rendering characteristics. The decorative finishes in such areas must also be compatible with the colour rendering properties of the lamps and must not unduly alter the spectral distribution of the colours of the primary light source.

Other lighting

74. Wall or ceiling-mounted adjustable examination lights with adequate free movement and separate switches will be required in the consulting and examination/treatment rooms in addition to the general lighting which must ensure suitable colour definition.

75. A red indicating light should be provided on the drug cupboard in the routine injection room with a parallel indicating light in the appropriate nursing office. These lights should be interlocked with the cupboard to give visual indication when the cupboard is unlocked.

76. An emergency lighting system should be installed in accordance with Hospital Technical Memorandum No 11, Emergency Electrical Services.

Socket outlets

77. Sufficient 13 amp, universal-type switched, shuttered socket outlets, connected to ring or spur circuits should be provided to allow all portable appliances likely to be used simultaneously to be individually supplied from separate convenient outlets.

78. The recommended minimum scale of 13 amp socket outlets is as follows:

Accommodation	Scale
Consulting rooms) Examination/treatment rooms or bays) Routine injection rooms)	Two twin outlets and one single outlet
Staff/seminar room/library	Two twin outlets
Laboratory	Two twin outlets and one single point per microscope.
Offices) Clean utility room)	One twin outlet
Dirty utility room	One single outlet

79. Additional socket outlets approximately 9m apart should be provided as necessary including the entrance lobby, waiting areas and corridors, to allow for convenient use of domestic cleaning appliances having flexible leads assumed to be 9m long.

Other power requirements

80. Fixed appliances rated up to 13 amps should be permanently connected to 13 amp fused spur boxes. Appliances rated in excess of 13 amps should be permanently connected to separate final sub-circuits and independently switched.

81. Indicating lights to show when the electrical supply is switched on should normally be incorporated in electro-medical apparatus and low temperature heating appliances. (See Hospital Technical Memorandum No 8 - "Safety Code for Electro-Medical Apparatus".) Where these are not provided a red or alternatively plain neon lamp behind a clear lens may be required in the plug top or on the adjacent spur box.

82. The clinic should have telephone facilities separate from the hospital telephone system to ensure privacy of calls. The switchboard should be sited in the reception/records office with extensions to the consultant's office, consulting rooms, contact tracing office, interview/counselling room and the reception/records office. In addition telephone facilities for internal and other external calls as part of the normal hospital telephone system should be provided in the consultant's office, consulting rooms, laboratory, contact tracing office, interview/counselling room and the reception/records office. Each telephone system should have desk pattern telephones of different colours as an aid to identification for maintenance purposes.

83. A kiosk or acoustic booth fitted with a GPO call telephone should be provided in the entrance lobby for public use except where telephone facilities are available in an adjoining out-patient department. The telephone should be connected direct to the GPO outside telephone exchange and not via the hospital system.

Staff location system

84. This should normally be provided by an extension of the general staff location system of the hospital

Electric clocks

85. Electric clocks will normally be required in the entrance lobby, waiting areas or corridors and in the staff/seminar room. Where an impulse clock system exists it should be extended to these areas or synchronous clocks installed and supplied from the lighting circuit.

VII. Cost information

Cost control

86. For cost control purposes the lump sum Cost Guide figure for the given functional unit shown in the Departmental Cost and Area Guide (HBPN No 6: part of CAPRICODE), will be applicable. This figure includes basic accommodation together with circulation and an allowance in respect of additional accommodation and/or additional engineering.

87. Departmental guidance documents recommend the levels of accommodation and services for hospital departments which the Department of Health and Social Security consider it reasonable to provide. Health Authorities are at liberty to depart from the design recommendations given in such documents provided they are satisfied that the levels of accommodation and services they adopt are adequate. The Departmental Cost allowance however is to be regarded as the maximum sum available for a department requiring the basic services specified in this Guide. Health Authorities are encouraged to produce designs for the provision of appropriate accommodation and services at a cost less than the Departmental Cost Allowance.

88. The special treatment clinic Cost Guide figures provide for the accommodation detailed in paragraphs 20 to 44 above and for the engineering services detailed in paragraph 92 below.

Apportionment of costs

89. An assessment of the notional cost apportionment between the building and engineering service elements should be made at Procedural Stage 3A (Nominal Cost Plan - HBPN No 1 - part of CAPRICODE).

Circulation space

90. For the purposes of preliminary planning the area occupied by internal circulation space and internal walls and partitions represents, on average, an addition of 35% of the net floor area of basic accommodation.

Plant rooms

91. The plant room area shown in paragraph 66 is regarded as communication space. The area has been calculated for a single department scheme and some reduction in the area should be possible in a multi-department development.

Engineering services

92. The following engineering services are included in the quoted cost of basic and additional accommodation shown in the Departmental Cost Guide:

(a) Mechanical services:

Heating	- By low pressure hot water flush-fitting radiators.
Ventilation	- Plenum filtered warm air supply and mechanical extract from consulting rooms, examination/treatment bays, routine injection areas and laboratory.
	Mechanical extract from utility rooms, internal lavatories, entrance lobby and internal rooms.
Drinking water and cold water supplies	- From central supply not including storage tanks.
Hot water supplies	- From central supply not including calorifier(s).
Gas supply	- From central supply.
Fire protection	- Supply from rising main to hose reel points.

(b) Electrical services:

Lighting (including fittings), socket outlets, wiring for groups 1 and 2 equipment, radiant heaters, wiring for mechanical services, sub-mains sub-distribution boards and switchgear within the department emergency installation, conduits for telephones, local telephone facilities within department, clocks, staff location, fire alarms, burglar alarm wiring for DDA cupboard.

(c) Equipment:

X-Ray film illuminators, electric oven/hotplate, receivers for staff location system.

Circulation space

90. For the purposes of preliminary planning the area occupied by internal circulation spaces and internal walls and partitions represents, on average, an addition of 35% of the net floor area of basic accommodation.

Plant rooms

91. The plant room area shown in paragraph 66 is regarded as communication space. The area has been calculated for a single department and some reduction in the area should be possible in a multi-departmental building.

Engineering services

92. The following engineering services are included in the quoted cost of basic and additional accommodation shown in the Departmental Cost Guide:

(a) Mechanical services:

Heating

Ventilation

Drinking water and cold water supplies

Hot water supplies

(b) Electrical services:

Lighting (including fittings), socket outlets, wiring for general and equipment medical purposes, wiring for mechanical services, emergency lighting distribution boards and switchgear within the department emergency installation, electric fire telephone, local telephone facilities within department, clocks, staff location, fire alarms, burglar alarm wiring for DHA supplied.

(c) Equipment:

X-Ray film illuminators, electric oven hotplate, receivers for staff location system.

- By low pressure hot water flush-fitting radiators.
- Plenum filtered warm air supply and mechanical extract from connecting rooms, examination/treatment bays, routine injection areas and lavatory.
- Mechanical extract from washing rooms, instrument laboratory, entrance lobby and internal rooms.
- From central supply not including storage tanks.
- From central supply not including calorifiers(s).
- From central supply.
- Supply from rising main to some "wet" points.

WORKFLOW PATTERN - MALE PATIENTS

Wait - minimal time	Shared waiting space (male and female)
↓	
Reception. (2 mins. variable. Will take longer for new patients and those return patients who cannot produce their numbered card.)	Patient given numbered card. Case notes taken by receptionist to consulting room
↓	
Waits.	Male waiting space.
↓	
Doctor calls patient and directs him to a particular room.	
↓	
Sees doctor in privacy. History taken - time varies from 2 to 10 mins.	Consulting room
↓	
Goes into adjoining examination cubicle. Smear taken. Blood taken for Serology. Urine specimen (two glasses) given. Washes hands. Dresses.	Laboratory record card given to nurse. Smear taken by loop (which requires flaming by gas); smear prepared and tested immediately by Gram's staining technique. Culture plates placed in incubator (37°C) with a concentration of carbon dioxide. Urine tested. Blood sample sent to pathology.
↓	
Waits for results.	Nurse records results of tests on card and returns it to the case notes ready for the doctor.
↓	
Sees doctor about results. May be given an injection.	Doctor gives prescription and return date to patient. If necessary nurse gives injection.
↓	
Gets drugs from nurse or goes to main dispensary.	Prescription may be dispensed by nurse.
↓	
Sees social health worker responsible for contact tracing.	Case notes transferred from doctor to social health worker responsible for contact tracing.
↓	
Makes return appointment at reception.	Case notes returned to reception clerk by social health worker responsible for contact tracing.
↓	
Leaves clinic.	

WORKFLOW PATTERN - FEMALE PATIENTS

Wait - minimal time.	Shared waiting space (male & female).
Reception. (2 mins. variable. Will take longer for new patients and those return patients who cannot produce numbered card).	Patient given numbered card. Case notes taken by receptionist to consulting room.
Waits.	Female waiting space.
Doctor calls patient and directs her to a particular room.	
Sees doctor in privacy. History taken - time varies from 2 to 10 mins.	Consulting room
Goes into adjoining examination room with nurse. Prepared for examination on special couch. Examination made. Smear taken. Blood taken for Serology. Dresses. Gives urine specimen (mid stream) in w.c. area. Washes hands.	Laboratory record card given to nurse. Smears taken by loop (which requires flaming by gas); smears prepared. Immediate examination for trichomoniasis (darkground microscope); other slides tested by Gram's staining technique. Culture plates placed in incubator (37°C) with a concentration of carbon dioxide. Urine tested. Blood sample sent to pathology.
Waits for results of microscopic investigation.	Nurse records results of tests on card and returns it to the case notes ready for the doctor.
Sees doctor about results. Local treatment or injection may be given.	Doctor gives prescription and return date to patient. Local treatment and/or injection given if necessary.
Gets drugs from nurse or goes to main dispensary.	Prescription may be dispensed by nurse.
Sees social health worker responsible for contact tracing.	Case notes transferred from doctor to social health worker responsible for contact tracing.
Makes return appointment at reception.	Case notes returned to reception clerk by social health worker responsible for contact tracing.
Leaves clinic.	

SCHEDULE OF ACCOMMODATION

			Area m^2
A	BASIC ACCOMMODATION		
	<u>Entrance and offices</u>		
	Entrance lobby		22
	Reception/records		22
	General office		13
	Contact tracing office		10
	Interview/counselling room		10
	Charge nurse's office		10
	Consultant's office		10
	<u>Consulting, examination and treatment suites</u>		
	Male waiting area		11
	" consulting room		16.5
	" exam/treatment bays	(2 x 11)	22
	" routine injection room		8.5
	Female waiting area		11
	" consulting room		10
	" exam/treatment rooms	(2 x 13.5)	27
	" routine injection room		8.5
	Third suite - consulting room		10
	" exam/treatment rooms	(2 x 11.5)	23
	<u>Supporting accommodation</u>		
	Clean utility		12
	Dirty utility		9.5
	Patients' lavatories	(2 x 3)	6
	Laboratory		11
	Staff room/seminar/library		18.5
	Staff locker rooms	(2 x 2.5)	5
	Cleaners' room		4
	Switch cupboard		1.5
B	CIRCULATION 35%		
C	COMMUNICATIONS		
	Ventilation plant room		18